

# THE RUDDER

Sailings of the U.S. Navy Medical Service Corps

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Volume 12, Issue 4

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**Cover Photo:** This edition's Specialty in the Spotlight is Clinical Social Work (CSW)! LT Ryan Lennon, CSW, is seen aboard the USS DWIGHT D. EISENHOWER (CVN 69) in support of the Carrier Strike Group psychological health team. See more on pages 8 & 18!

# FROM THE MSC DIRECTOR

Esteemed Colleagues,

Greetings and salutations to all Medical Service Corps officers stationed around the world. It is my pleasure to present to you the May/June edition of "The Rudder." This past Memorial Day was a time to remember all our heroes who made the ultimate sacrifice for our freedom while fighting for our nation.

We also recently celebrated Juneteenth National Independence Day which serves as the annual federal holiday that commemorates the end of slavery in the United States. On 19 June 1865, Union soldiers arrived in Galveston, Texas, to announce that enslaved people were free, which occurred more than two years after President Abraham Lincoln issued the Emancipation Proclamation in 1863 – as it took that long for the news to finally reached those who were still enslaved in Texas.

Clinical Social Work (CSW) is our Specialty in the Spotlight for the month of May. Thank you to CSW Specialty Leader, CDR Kaarin Coe, and the three CSW Assistant Specialty Leaders (CDR Rebecca Miranda, LCDR Patrick Baker, and LCDR Ayesha Edwards) for the outstanding leadership they provide to our colleagues who fill 133 active duty component and 16 training billets across Navy Medicine. BUMED first announced that it would recruit accredited social workers in 1979. Forty-five years later, CSWs continue to make an indelible impact by delivering mental health diagnoses, risk assessments, and evidence-based treatment in direct support of the warfighter, their commands, and their families globally.

You may have likely seen the Deputy Secretary of Defense's memo signed in December 2023 that directs the stabilization of the Military Health System (MHS). At its core, the Office of the Secretary of Defense for Health Affairs collaborated with the Services to initiate several strategic initiatives to improve medical readiness, access to care, and capacity for beneficiaries during the next four years. A task force led by the Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight has already laid the groundwork to collaboratively establish business rules with the Services that will resource, staff, and empower leadership to manage and to mitigate risks. Please turn to pages 10 and 11 to read more about how this memo will improve the MHS by taking care of our people and reinforcing our National De-



(continued on next page)

fense Strategy.

I would also like to extend a warm welcome to our new MSC Liaison Officer, LT Grace Lowitzer, who comes to our Corps Chief's Office after serving as the department head of human resources at Naval Medical Center Camp Lejeune. A native of Washington, D.C., LT Lowitzer brings 9 years of experience serving as a human resources officer in the U.S. Army as well as a few deployments to Afghanistan. As liaison officer, LT Lowitzer will ensure support for Force Development, Force Generation, and Force Preservation across the enterprise. It is with gratitude and heartfelt thanks that we recognize LT Lowitzer's outgoing predecessor, LCDR Nicole Plazio, for a job well done over the past two years. We wish you well with your future endeavors and give you a million thanks for being such an integral part of our Corps serving at the forefront.

*With respect  
and admiration! M. Case*

M. CASE  
Rear Admiral, Medical Service Corps  
United States Navy  
Director, Medical Service Corps



Falls Church, Va. Pictured above: The annual MSC Specialty Leader Business Meeting was held at the Defense Health Headquarters from 23-25 April 2024. It was hosted by the MSC Corps Chief's Office. Active duty and reserve component specialty leaders were joined by other guests to include detailers, community managers, and panel members. Those in attendance included CDR David McEttrick, NAOP; CDR George Vancil, EHO; CDR John Ochieng, Financial Management; LCDR Michael Kavanaugh, Entomology; CDR Leedjia Svec, RP; LCDR Kyle Bandermann, Clinical Psychology; LCDR Michelle Lane, Microbiology; LCDR Brendan Good, HFPPPO; CDR Darla Dietrich, HCA; LCDR Joseph Musmanno, Podiatry; CAPT Chris Foster, AEP; LCDR Melissa Laird, Physiology; CDR Shawn Morris, PAD; CDR Stanley Favard, Medical Logistics; LCDR Hunter Coates, HIT; CAPT Kevin Bailey, POMI; CDR Jenifer Scancellia, Biochemistry; CDR Joseph Sorcic, RHO; CDR John Gardner, EHO; CDR Joseph Stastny, IHO; LCDR Rob Summers, Audiology; CAPT Adrian Gaskin, Med Lab Science; CDR Kaarin Coe, CSW; CDR Sean Weber, PT; LCDR Melissa Amescua, Dietetics; CAPT Robert "Bob" Senko, Optometry; CAPT Bridgette Faber, Pharmacy; CAPT Carl Long, PA; CDR Joseph Labarbera, Manpower; LCDR Andrew Olson, Ops Research; LCDR John Balsalmo, OT; LCDR Emmy Hartley, OT; CDR Alexander Aldana, HFPPPO; CDR Ryan Jarmer, HIT; CDR Kathleen Pinon, HCA; CDR Carol Oldham, Medical Logistics; CDR Damita Zweiback, HIT; LCDR Bryce Mendez, POMI; CDR Ryan McDonald, Clinical Psychology; LCDR Evelyn Palm, EHO; LCDR Bryan Goff, IHO; LCDR Ester Do, Med Lab Science; CDR Sarah Thomas, PT/OT; LCDR Danielle Sterner, Dietetics; CAPT Sharlene Gee, Optometry; CDR Ronnie Holuby, Pharmacy; LCDR Chelsea McLean, PA; LCDR Mark Green, BUPERS Reserve Officer Community Manager; CDR Kimberly Oelschlager, Detailer; CDR Crystal Massey, Detailer; CDR Sandeep Kumar, Active Officer Community Manager; LCDR Mari Numanoi, DUINS Manager; CDR Bryan Pyle, incoming MSC Chief Officer's Policy and Practice Officer; CAPT Franca Jones, panel member; CAPT Katharine Shobe, panel member; CAPT Garland Andrews, panel member; CAPT Alan Christian, panel member; and CAPT Jeffery Klinger, panel member.



# MEET YOUR NEW MSC LIAISON OFFICER LT GRACE LOWITZER, MSC, USN

By: Mr. André B. Sobocinski, Historian, BUMED



The pre-dawn hum of the gym fills the air as LT Grace Lowitzer navigates the weight rack with practiced ease. It is 0200, a time most are just entering dreamland, but for LT Lowitzer, it is the start of a meticulously planned day. This isn't just about sculpted arms; it is a dedication to peak physical and mental fitness — a cornerstone of her service to country.

You could say that service has always driven LT Lowitzer. A fourth-generation military member, LT Lowitzer's desire to serve was ingrained in her from a young age. After graduating from ROTC at Niagara University, she served nine years as a Human Resources Officer in the Army. This path honed her leadership skills and provided invaluable insights into the military's inner workings. "I had the opportunity to serve with both joint and combined units at multiple echelons which allowed me to see the bigger strategic picture as a young officer," said LT Lowitzer.

Among her career highlights was a tour at the Joint Special Operations Command (JSOC) at Fort Liberty, N.C., which proved especially meaningful. "I felt honored to be working alongside some of the best senior staff and operators from all services," said LT Lowitzer. "I also enjoyed seeing the results of intricate staff work play out in the real world instead of only in a training environment."

Her experiences with expeditionary units, including deployments to Afghanistan would prove impactful. LT Lowitzer served with the 52D Explosive Ordnance Disposal (EOD) Group, 184th EOD Battalion, and later attended the Army Airborne School before being assigned as the Battalion S1 Officer in Charge for Headquarters and Headquarters Company (HHC) 2nd and 505th Parachute Infantry Regiment, 3rd Brigade Combat Team, 82nd Airborne Division.

"Being assigned to combat arms units for most of my Army career helped me identify my physical and mental limits which provides perspective when enduring challenges in the present day," said LT Lowitzer. "After multiple iterations of jumping out of a plane, sleeping outside for over 40 days without a shower, being the only female amongst over 700 males, and walking for multiple days straight with a ruck [sack] weighing over 100 pounds, I know that I can meet any challenge that comes my way."

These experiences provided her with the tools to take the next step into global health. After being selected by the Army for graduate study, she pursued a global health degree at Duke University. Recognizing future application in other services, after graduating in 2021, she decided to apply for an interservice transfer to the Navy's Medical Service Corps.

"The Navy offered an exciting opportunity to bridge the gap between my military experience and global health aspirations," she said.

LT Lowitzer's dedication extends beyond duty hours. A certified yoga instructor, she has volunteered classes at her assigned units for years. And 17 months ago, she took her passion for weightlifting to the national stage as a wellness competitor. Both yoga and bodybuilding she credits for having expanded her perspective, fostered resilience, and instilled purpose.

"My yoga experience has changed how I view the world, and my bodybuilding experience has shaped how I view myself," said LT Lowitzer. "After teaching yoga for years now, I've seen so many students at different stages of their yoga practice, and it reminds me that life truly is about the journey and not the destination. I teach my students that it's not about achieving a perfect yoga pose, but the beautiful flow of multiple other poses that get us to the peak pose. Bodybuilding has changed how I view myself in that I feel more confident in my body and health than I ever have before. Having a healthy diet and working out six days a week brings me happiness and purpose."

Following a successful tour as Department Head for Human Resources at Naval Medical Center Camp Lejeune, LT Lowitzer comes to the Bureau of Medicine and Surgery (BUMED) as liaison officer in the Medical Service Corps office. Here, she will work with other command components and entities across the Navy Medical Enterprise to ensure support for Force Development, Force Generation, and Force Preservation — a role perfectly aligned with her career mantra: "Mission first, people always."

"Our mission hinges on our people," LT Lowitzer emphasizes. "If we take care of them, we can achieve virtually any objective."

LT Grace Lowitzer, MSC, USN  
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Liaison Officer

## FROM THE DETAILERS

# NAVY AQDs 101: MILESTONES & COMMAND

The Additional Qualification Designator (AQD) list is used for boards and slating, and the intent is to prevent duplication.

## MILESTONES AQDs:

BLUF: If the officer has 68P, then the 68O AQD will be replaced.

Milestone Eligible (68O): Positive Screening for Milestone. Banked Officer.

Milestone Qualified (68P): Completed the full three-year Milestone tour.

**Note:** Milestone Qualified (68P) supersedes the Milestone Eligible (68O). Those that have 68O AQD and earned the 68P AQD following a completed three-year tour will have the 68O AQD replaced. The 68P supersedes the 68O. If the officer has 68P, then the 68O AQD will be replaced.

## COMMAND AQDs

BLUF: If the officer has 2D2, then the 2D1 AQD will be replaced.

Command Eligible (2D1): Positive Command Screen. Banked Officer.

Command Qualified (2D2): Successful completion of command tour.

**Note:** Command Qualified (2D2) supersedes Command Eligible (2D1). Those that have 2D2 AQD in their record will have the 2D1 AQD removed since the 2D2 is the higher of the two AQDs. Additionally, if an officer with 2D2 AQD has the 68O and 68P AQD, they will be replaced since the 2D2 supersedes the Milestone AQDs.



## SNAPSHOT Detailer Corner

1. Orders release is four (4) months out.
2. Detailers can enter AQDs only; everything else needs to go through My Navy Career Center.
3. NOBCs are to billets as AQDs are to individuals.
4. Your record is your responsibility.

# MSC Book Club

**WHO:** All MSCs

**WHAT:** An opportunity to share a book that you believe other MSCs may benefit from reading.

**WHEN:** Accepted on a rolling basis.

**HOW:** Email your information, a summary of the book in 250 words or less, and a photo of the book.


**SUBMISSIONS:** Email LT Lowitzer at [Grace.E.Lowitzer.mil@health.mil](mailto:Grace.E.Lowitzer.mil@health.mil).



# RESERVE COMPONENT PARTICIPATES IN SPECIALTY LEADER AND DFA MEETINGS



Falls Church, Va. Reserve Medical Service Corps officers attend the Director for Administration and Specialty Leader Business Meeting representing 12 Navy Reserve Medicine Commands and 19 specialties in April 2024. Pictured above, Back row (L-R): CDR Mario Rodriguez, Pharmacy; CDR Brian Potoski, Pharmacy; LCDR Brian Goff, IHO; CDR Toby Degenhardt, PT; CDR Patricia Skinner, HCA; CAPT Kenneth McAndrews, Pharmacy; CAPT Sharlene Gee, Optometry; CDR Timothy Strickland, HCA; CDR Ronnie Holuby, Pharmacy; CDR Ryan McDonald, Clinical Psychology; and LCDR Mark Green, HCA. Front row (L-R): CDR Kathleen Pinon, HCA; CDR Carol Oldham, Medical Logistics; CDR Sally Kush, Medical Logistics; LCDR Ester Do, Med Lab Science; CDR Geoffrey Cheng, Pharmacy; LCDR Bryce Mendez, POMI; LCDR Danielle Sterner, Dietetics; and CDR Christine Sedensky, POMI.



**ARE YOU CONSIDERING LEAVING ACTIVE DUTY?**

— — — — —

**HAVE YOU CONSIDERED JOINING THE NAVY RESERVE?**

OUR MSC RESERVE COMMUNITY INCLUDES OVER 350 MSCS ACROSS 18 OF THE 31 MSC SPECIALTIES WHO SEAMLESSLY INTEGRATE ACROSS THE NAVY ENTERPRISE. IMMEDIATE BENEFITS INCLUDE: A PAYCHECK, LIFE INSURANCE, MAINTAINING YOUR SECURITY CLEARANCE, COMMISSARY AND EXCHANGE PRIVILEGES, AND ADDING TO YOUR RETIREMENT POINTS. AS A RESERVIST YOU ARE ELIGIBLE FOR TRICARE INSURANCE AND DENTAL INSURANCE FOR YOU AND YOUR FAMILY AS WELL AS CONTINUED ENROLLMENT IN THE THRIFT SAVING PLAN AND A GI BILL TRANSFER. YOU MAY ALSO BE ELIGIBLE FOR A RETENTION OR INCENTIVE BONUS. MOST IMPORTANTLY YOU WILL MAINTAIN VALUABLE SKILLS AND BE ELIGIBLE FOR PROMOTION AND CRITICAL LEADERSHIP OPPORTUNITIES. WHY NOT CONTINUE TO BE PART OF THE WORLD'S GREATEST NAVY AND THE NAVY'S GREATEST CORPS? FOR MORE INFORMATION, CONTACT THE MEDICAL SERVICE CORPS RESERVE AFFAIRS OFFICER, CAPT KENNETH MCANDREWS AT [KENNETH.L.MCANDREWS2.MIL@HEALTH.MIL](mailto:KENNETH.L.MCANDREWS2.MIL@HEALTH.MIL).

## HRO SPOTLIGHT

# DEVELOPMENT OF STANDARDIZED CURRICULUM FOR NEW ACCESSIONS INTO THE HFPPO COMMUNITY

By: CDR Alexander Aldana, HFPPO Specialty Leader, and LCDR Brendan Good, HFPPO

*For the MSC High Reliability Organizations (HRO) Strategic Goal Group*



Pictured above: (L-R): CDR Alexander Aldana and LCDR Brendan Good.

The standardization of training for new accessions into the Health Facility Planning and Project Officer (HFPPO) community adds value to the organization and is the building block by which our personnel support mission success

throughout the enterprise. CDR Alexander Aldana and LCDR Brendan Good collaborated to develop a curriculum that imbues comprehensive information on a wide range of topics, cementing a pipeline for highly qualified officers to challenge themselves in a year-long fellowship opportunity prior to joining the community.

CDR Aldana and LCDR Good identified a critical gap in training among new accessions to the HFPPO community: New HFPPOs were provided on-the-job training and other informal means of learning their roles and responsibilities. This led to an inconsistent skillset and increased potential to assign significantly underqualified individuals to billets, increasing the risk of project failure. The attention to detail, forethought, and community-focused mentality of CDR Aldana and LCDR Good allowed them to draft a training curriculum, liaise with existing joint-service resources, and launch the fellowship program in fiscal year 2023.

**Sensitivity to Operations:** CDR Aldana and LCDR Good worked with stakeholders throughout the planning and implementation process to develop a comprehensive curriculum to address topic areas vital to HFPPOs. While not graduates of the fellowship themselves, their years in the community afforded them the ability to reflect on knowledge gaps early in their careers and to emphasize the value of standardized training for new accessions.

**Commitment to Resilience:** CDR Aldana and LCDR Good's efforts will positively impact the entire military medicine enterprise. Learning objectives specified by the Bureau of Medicine and Surgery have been embedded in the training and highlight the unique needs of the Navy's readiness mission. A fellowship affords the opportunity to gain perspective on project management from the ground level all the way to policies that may affect hundreds of thousands of eligible beneficiaries. Likewise, resilience will be solidified by linking the training to specific waypoints throughout the project lifecycle and adjusting course as needed to anticipate further changes within the enterprise.

**Deference to Expertise:** CDR Aldana and LCDR Good relied upon the expert input of many former HFPPOs that worked throughout Navy Medicine over the last 25 years. The curriculum reflects the contributions from these individuals. The capabilities of our community are thus a combination of past experience and the innovation and vision of change agents currently leading the way.

**Respect for People:** While not a defined HRO principle, a major goal of the fellowship's curriculum is to provide new HFPPO accessions with the knowledge base required to perform their jobs in an exemplary and respectful manner. Because the knowledge required for building lifecycle management is enormous, it was important to focus on those areas that will serve the fellow most effectively. This benefit is twofold. First, it focused the training on information that will directly apply to the future assignments of the fellow. Second, it ensured that their time is applied efficiently to complex, relevant topic areas. Those who complete the program will be well prepared for more senior assignments in the future, as evidenced by the ubiquitous promotion of community personnel.

**Preoccupation with Failure:** Feedback throughout the fellowship is necessary as the team seeks to make each cohort more successful. Incorporating participant critique will help reduce risk, and better align the program structure with extant practices.

**Constancy of Purpose:** While not a defined HRO principle, this endeavor required a dual focus throughout. First, the successful training and preparation of the individual officer. Second, the impact of this standardization and its positive benefit to the HFPPO community. Both foci will increase our relevance and value to the enterprise.

By applying these HRO principles, this training curriculum will strengthen our force and apply our unique skillset more effectively. The fellowship covers a wide range of topics and allows for HFPPOs to identify and to mitigate risk, to develop flexible and effective skillsets, and to react quickly to support future operations.

**Results:** The first two opportunities, fiscal years 2023 and 2024, have been awarded. The current fellow will graduate in summer 2024 and be detailed to a billet for a utilization tour. The second individual will begin the fellowship in summer 2024 and conclude the following year. Evaluation of training effectiveness has already begun, and it is expected that the skills and abilities gained during the one-year program will significantly benefit the enterprise. It has been discussed that a second fellowship opportunity may be available in fiscal year 2025 as the community works to strengthen its ranks and to build resiliency in the face of significant operational tempo.



## SPECIALTY SPOTLIGHT



## FACT FILE

## Clinical Social Work (CSW)



- **HEALTHCARE CLINICAL SPECIALTY**
- **SIZE:** 133 AC/16 Training Billets
- **SPECIALTY LEADER (SL)/ASST. SPECIALTY LEADERS (ASLs):**

- CDR Kaarin Coe (SL)
- CDR Rebecca Miranda, LCDR Patrick Baker, and LCDR Ayesha Edwards (ASLs)

■ **CORE MISSION:**

- Deliver mental health diagnoses, risk assessments, evidenced based treatment/psychotherapy, and work with a team to assign active duty mental health dispositions—all in direct support of the warfighter, their commands, and their families around the world.

■ **WHERE DO CLINICAL SOCIAL WORKERS SERVE?**

- NMRTC/NMRTU/SPRINT
- USMC OSCAR
- Expeditionary Combat Commands – EOD/Seabees/MESG/CVN/DESRON/Waterfront Embedded Mental Health (EMH)
- NAVIFOR/NIOC EMH
- Navy Nuclear Training Command EMH

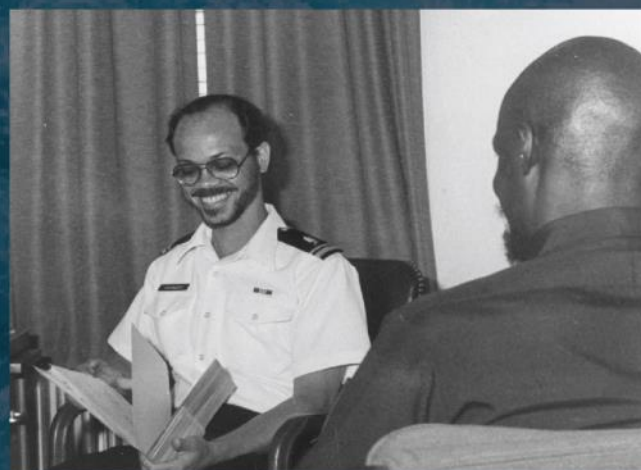


# HISTORY

## Clinical Social Work (CSW)



- Civilian psychiatric **social workers** began being employed at naval hospitals in the 1950s.
- The establishment of naval drug rehabilitation centers, family advocacy programs, and the creation of the Navy family service center system generated a **dire need for social service providers**.
- Civilian social workers were identified as members of **first SPRINT deployments** in 1977.
- In **July 1979**, BUMED announced plans that it would recruit accredited social workers.
- LT (j.g.) **David Kennedy** was commissioned as the Navy's first uniformed social worker in January 1980.



## ARTICLES OF INTEREST

# MHS STABILIZATION MEMO: IMPROVING FORCE READINESS AND ACCESS TO CARE

By: LCDR Adam Biggs, Research Psychology

The entire Department of Defense (DoD) depends upon the Military Health System (MHS) to ensure force readiness through high quality healthcare. However, as emphasized in a recent Deputy Secretary of Defense memorandum titled “Stabilizing and Improving the Military Health System,” the requirement extends to readiness of the Total Force. This priority necessitates fully staffed medical treatment facilities (MTFs), dental treatment facilities (DTFs), and operational medical departments, yet the need extends further. Total Force readiness also mandates high quality healthcare to beneficiaries, including both family members and retirees. Stabilizing and improving the MHS thus readily acknowledges that the health of our wider military family can be as impactful to operational readiness as health of the individual Service member.

Our challenge begins with staffing. After all, providers are the quintessential piece of providing quality healthcare, and health care systems nationwide have faced critical levels of understaffing. The problem doubly affects our MTFs. Provider burnout and other factors lead military providers to depart for the private sector, and clinical skills sustainment opportunities also have forced uniformed medical personnel to seek out private sector aid. Likewise, when care is not available through the MTF, servicemembers or beneficiaries must also seek medical care outside of the MHS. The combination has produced growing healthcare costs and reduced readiness throughout the DoD as providers, personal care, and training must be outsourced at unsustainable levels.

After careful consideration, senior leadership determined that the best way to solve the combined issues involved reattracting beneficiaries to the MTF while maximizing medical education and the training pipeline. The idea is sound, yet there is something of a Catch 22 — reattracting people to MHS care requires a sufficiently

staffed, trained, and available workforce to make MHS care appealing when our facilities face issues of understaffing and reduced training opportunities. So, to reattract beneficiaries to MHS care, we must first stabilize and improve our workforce. This decision carried the following directions:

Medical Requirements. Current and future medical requirements will need to align with force design, force structure, and risk tradeoffs. This component sets standards for a variety of operational capabilities in medicine, including global patient movement, casualty care management, MHS requirements of the Combatant Commands, and more across the full spectrum of medical needs. The goal is to ensure adequate delivery of quality healthcare from the MHS to a variety of medical needs across the spectrum of conflict, both garrison and deployed.

Manpower Requirements. A comprehensive review is to be completed by 30 Jun 2024 to identify all medical manpower and staffing to provide full visibility of how resourced medical personnel are currently employed. Manpower requirements much account for the chal-



Norfolk, Va. Pictured above: A Navy active duty patient arrives at the Hampton Roads Executive Airport through Project Caladrius prior to being transported via ambulance to Naval Medical Center Portsmouth (NMCP) for further treatment, 3 May 2024 — an example of reattracting DoD beneficiaries to military hospitals and clinics to maximize readiness. The Sailor was injured during the 1 May 2024 collision between two landing craft, air cushions (LCAC) from amphibious assault ship USS WASP (LHD 1) and San Antonio-class amphibious transport dock ship USS NEW YORK (LPD 21) off the coast of Jacksonville, Fla. Project Caladrius is a program that provides Department of Defense facilities within the Southeast United States a dedicated “Alert Aircraft” capable of retrieving any Department of Defense beneficiary within 2.5 to 5 hours of request and transportation to the closest, most appropriate military treatment facility. (U.S. Navy photo by Mass Communication Specialist 2nd Class Dylan Kinee)



allenges of sustaining a fully trained MHS, such as military education or professional training, while also considering the historic workload trends and utilization across different assignments. In so doing, we can maximize efficiency by ensuring all personnel are properly utilized in given assignments.

**Improving Capacity.** Each MTF and DTF will determine the capacity to sustain clinical readiness of active duty healthcare personnel. Secretaries of each Military Department will determine the essential military requirements, whereas DHA will recommend uniformed manpower resourcing requirements and submit civilian manning issues. Programming gaps will then be adjudicated through DoD planning, programming, budget, and execution on an annual basis. The end goal is to support reattracting at least 7% of available care from the private sector back to the MTFs. Reattracting 7% of patients from the private care system is an ambitious yet realistic goal given the time to close gaps in medical staffing.

**Staffing.** Increasing capacity for care also requires increasing staffing levels. We need more personnel, but we need more personnel who will also stay with the MTF for longer periods to avoid interruptions in care. This requirement thus emphasizes the need for career development, education, and training opportunities. Senior leadership will oversee a plan for distributing medical personnel to optimize clinical readiness and care while supporting critical operational needs, as informed by Military Department and DHA staffing models. The underlying goal is to stabilize health care delivery while mitigating any risk to our operational forces or wider mission.

**Implementation.** As part of implementing these changes, efforts will also be made to improve recruitment and retention of healthcare personnel. These efforts will include reductions in civilian employee vacancies while streamlining the hiring and onboarding processes for MTFs and DTFs.

**Uniformed Personnel Management.** MTFs and DTFs will be the primary choice for all uniformed medical and dental personnel except when the need requires specific operational and training requirements or some exigent circumstances. Uniformed medical and dental personnel are to be primarily assigned to the MTFs and DTFs beginning no later than 1 Jul 2024. The Secretaries of the Military Departments will continue to define manning requirements in support of the National Defense Strategy and the Combatant Commands.

**Governance.** With coordination throughout senior military leadership, the human capital distribution govern-

ance process will include business rules for the prioritization of uniformed medical personnel. These processes will ensure effective utilization of medical personnel while balancing readiness, health care delivery needs, and the operational or training requirements of Military Departments and Combatant Commands.

Through these actions, the ultimate goals are to enhance readiness of the force, to assure operational medical force readiness, and to improve access to care for all our beneficiaries. Shortages in medical personnel, both nationally and within the DoD, have created gaps for military hospitals and clinics. These gaps forced care into the private sector and substantially increased costs throughout the MHS. Each action listed above helps overcome these gaps and moves the MHS closer to these goals. Still, improvements to readiness and access to care require first identifying, updating, and standardizing military medical manpower requirements. This process will require the DoD to prioritize placing military and civilian medical staff at military hospitals and clinics. Increasing capacity will improve access to care for Service members and their families. However, educating and training new physicians, surgeons, nurses, and other medical professionals takes time and focused recruitment.

Stabilizing and improving the MHS will not happen overnight. We must first add capacity to reattract our beneficiaries, improve access to care in military hospitals and clinics, and increase opportunities to sustain military clinical readiness for our medical Forces. Nevertheless, the mission of military medicine remains the same; our patients — ALL of our patients — deserve easily accessible, high quality health care. These improvements will make military hospitals and clinics the first choice of care for our beneficiaries.

## **CORE TAKEAWAYS**

1. Take care of our people
2. Support the National Defense Strategy
3. Increase clinical readiness
4. Mitigate risks to requirements
5. Reduce long-term cost growth in private sector care
6. Reattract beneficiaries to the MTFs
7. Maximize the medical education and training pipelines

## MSCs IN FOCUS



Williamsburg, Va. Pictured above: Naval Medical Readiness Logistics Command (NMRLC) conducted an all-hands uniform inspection on 12 April 2024 in Warehouse 565 on Cheatham Annex. NMRLC Detachment Fort Detrick also held its uniform inspection. "You shall wear your uniforms properly as described in these regulations. Naval personnel must present a proud and professional appearance that will reflect positively on the individual, the Navy, and the United States. The uniforms of the United States Navy and the indications of rank and specialty displayed thereon, are but outward symbols of naval organization and military rank or rating. As such, the Navy uniform is a visibly important element in the morale, pride, discipline and effectiveness of the organization." — U.S. Navy Uniform Regulations, NAVPERS 15665



Portsmouth, Va. Pictured above: CAPT Danielle Hicks (far left), the director for administration assigned to Naval Medical Forces Atlantic, poses with family members after they are presented with letters of appreciation by CAPT Marion Gregg (far right), commander, Navy and Marine Corps Force Health Protection Command, and director, Defense Center for Public Health Portsmouth, during CAPT Hicks' retirement ceremony on board Naval Support Activity (NSA) Hampton Roads — Portsmouth Annex on 4 May 2024. CAPT Hicks served the Navy for 25 years of dedicated service across seven commands. (U.S. Navy photo by Mass Communication Specialist 2nd Class Levi Decker)





Guantanamo Bay, Cuba. MSCs assigned to USNMRTC Guantanamo Bay participate in the four-lap GTMO Mudder, conquering 48 obstacles over a 6.8-mile course. "Before" photo on the left, pictured above (L-R): LT Erwin Rocas, Med Lab Science; LT Ramon Gavan, Medical Logistics; LT Alexa Werner, PT; LT Christian Amankona, HCA; LCDR Larry Middleton, POMI/DFA; and LT Jyl Bean, EHO. "After" photo on the right, pictured above (L-R): LT Werner, LT Bean, LT Rocas, and LCDR Middleton.



Norfolk, Virginia. MSC officers assigned to NAVCENT/5th Fleet (Active and Reserve Components) support the MAKO STORM'24 Exercise and Maritime Operations Center operations at the Navy Warfare Development Center. The exercise is an important building block in meeting the Navy Reserve Fighting Instructions (NRFI) lines of effort to design, to train, to mobilize, and to develop the force. Pictured above (L-R): LT Carl Honorat, HCA, NAVCENT/5th Fleet Reserve Medical Planner; LCDR Nate Reynolds, POMI, NAVCENT/5th Fleet Reserve Medical Planner; CDR Meg Potter, POMI, NAVCENT/5th Fleet Deputy Surgeon; LCDR Bill Pupanek, POMI, NAVCENT/5th Fleet Deputy Surgeon; CDR Dan Ortiz, CSW, NAVCENT/5th Fleet Reserve Deputy Surgeon; and CDR Gene Merritt, Pharmacy, NAVCENT/5th Fleet Reserve Medical Planner.



## MSCs IN FOCUS



Beaufort, S.C. Participants and guests mark Naval Hospital Beaufort's 75th Birthday during a celebration ceremony. Pictured left (L-R): LCDR Hanh Tang, Pharmacy; LT Richard Wan, Optometry; LT Carrie Ramirez, Med Lab Science; LT Anquanette Sterling, HCA; LT Francesca Emilien, HCA; CAPT (Ret.) Joan Queen, 29th commanding officer of Naval Hospital Beaufort; RDML Matthew Case, commander, Naval Medical Forces Atlantic and chief, U.S. Navy Medical Service Corps; CAPT Chad Roe, commanding officer; LTJG Tikina Carpenter, HCA; LT Stencil Quarles, Executive Assistant/Flag Aide to RDML Case; and CDR Temitope Ayeni, Financial Management/DFA.

San Diego, Calif. Pictured right: Naval Medical Center San Diego's (NMCSD) newest U.S. Navy Commander, CDR Christopher Washington (far right), medical logistics chief, has his uniform cover placed on him during his promotion ceremony at the command chapel on 1 May 2024. The mission of NMCSD is to prepare service members to deploy in support of operational forces, deliver high quality health care services, and shape the future of military medicine through education, training, and research. NMCSD employs more than 5,000 active-duty military personnel, civilians and contractors in Southern California to provide patients with world-class care.







Groton, Conn. Pictured above (L-R) in each photo: HMC Richard Jaremback, a submarine independent duty corpsman, receives a battlefield acupuncture (BFA) session from LT Samantha Giangrande, a clinical psychologist assigned to Submarine Readiness Squadron-32, on board Naval Submarine Base New London on 7 May 2024. BFA is a non-duty limiting intervention that provides rapid and effective relief of nearly all types of pain and was adapted for military personnel in operational environments. (U.S. Navy photo by HM2(FMF) Garrett Hannon)



Jacksonville, Fla. Pictured left: CDR Brent Collins, an aerospace optometrist at Naval Branch Health Clinic Jacksonville, conducts an eye exam with a sailor on 1 May 2024. May is designated as Healthy Vision Month. CDR Collins, a native of Oroville, Calif., holds a Doctor of Optometry from Southern College of Optometry. He says, "Vision is a gift that is easy to take for granted. Preserving this gift is critical to each of us, especially in the military. Not only can routine eye exams help detect and ensure treatment for eye conditions that reduce or threaten vision, but routine eye exams can help optimize vision for the daily demands of life. As a Navy optometrist, it is a privilege to help ensure our service members have the sight they need to safely and effectively perform their duties in defense of our country." (U.S. Navy photo by Ms. Deidre Smith)

## MSCs IN FOCUS



Camp Lejeune, N.C. Pictured left: LT Sarah Sinnett (far left), Pharmacy, uses an ultraviolet flashlight to show the germs on a person's hands during a tour of Naval Medical Center Camp Lejeune, on 16 May 2024. (U.S. Navy photo by PO2 Justin Woods)

San Antonio, Texas. Pictured right (R-L): LT Lia Toader, is awarded the Defense Meritorious Service Medal by CDR Renardis Banks, division chief, Defense Medical Readiness Training Institute (DMRTI), Defense Health Agency (DHA), during her retirement ceremony held at the Fort Sam Houston Golf Club on 16 May 2024. LT Toader, of Transylvania, Romania, enlisted in the Navy in July 2004 and was commissioned an ensign via the MSC In-service Procurement Program in March 2012. Prior to serving DMRTI's chief operations officer, LT Toader served as the department head, TRICARE Operations Office, and regional legal investigator, U.S. Naval Hospital Naples, Italy. DMRTI is a Tri-Service organization staffed by U.S. Army, Navy, and Air Force professionals. Located on Joint Base San Antonio (JBSA) Fort Sam Houston, DMRTI offers both resident and non-resident joint medical readiness training courses as well as professional medical programs. (U.S. Navy photo by Burrell Parmer, Naval Medical Research Unit San Antonio/Released)







Falls Church, Va. The Navy Medicine Civilian Corps celebrates its seventh anniversary and the changing of its leadership on 30 April 2024. Pictured above (L-R): Ms. Sara Carlson, Civilian Corps Program Manager; Dr. Mike McGinnis, 4th Director of the Civilian Corps; Ms. Amy Reardon, former Deputy Director of Civilian Corps; Ms. Stephanie Wright, new Deputy Director of Civilian Corps; and Ms. Cinzia Arthur, newest member of the Navy Medicine civilian workforce. Dr. McGinnis was sworn in as the new Navy Medicine Executive Director by RADM Darin Via, the Navy Surgeon General, on 6 February 2024. He is only the second Senior Executive Service (SES) civilian to serve in this role. Born into a Navy family, Dr. McGinnis grew up around the world appreciating the Navy's mission and the concept of service to the country. He was commissioned as an Ensign in 1989 and served 34 years in Navy Medicine, retiring as a Captain in the Medical Corps in 2023. His military service includes a broad spectrum of operational and executive positions, including U.S. Indo-Pacific Command, Fleet Surgeon; U.S. Pacific Fleet, COMNAVEUR-COMNAF-COMSIXTHFLEET Force Surgeon; and Commanding Officer, Naval Health Clinic Annapolis. As Executive Director, McGinnis will advise the Surgeon General, Deputy Surgeon General, and Force Master Chief to ensure unity across BUMED's business and planning programs, functions, and processes. As the Navy's senior civilian healthcare executive, he is also responsible for the development and execution of Navy Medicine's five-year Campaign Plan aligned to the Chief of Naval Operations' priorities for "America's Warfighting Navy." The Bureau of Medicine and Surgery (BUMED) established the position of the Executive Director in 2015 to increase collaboration across Navy medical functions, to facilitate headquarters communication through "one voice," and to ensure continuity of command leadership. (U.S. Navy photo by Chief Mass Communication Specialist John Y. Grandin)



Bremerton, Wash. Pictured left (R-L): ENS David Tegtmeier, from Las Vegas, Nev., and assistant department head for NMRTC Bremerton's Information Management department, is officially promoted to the next highest rank, lieutenant junior grade, by CAPT Maria Edusada, NMRTC Bremerton's DFA, on 9 May 2024. LTJG Tegtmeier helps guide vital network and computer-based support for a program consistently ranked in the upper quadrant of all Defense Health Agency medical treatment facilities. He has also been instrumental in preparing the command for updated hardware and software technology (Official Navy photos by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer)

## CSW SPECIALTY IN THE SPOTLIGHT CAPTIONS



Falls Church, Va. Pictured above: LCDR Neil Rampy, CSW, is assigned as an action officer in the Bureau of Medicine and Surgery's Maritime Operations Center.



Camp Pendleton, Calif. NMRTC San Diego Navy Social Work Fellowship Program members visit Assault Amphibian School in March 2024 to gain exposure to operational forces and to hold discussions with Marine Corps leadership regarding military mental health and how future providers can ensure quality care for Sailors, Marines, and their families. Pictured above (L-R): LTJG Haleigh Crouson, Fellow; LT Alicia Howard, Fellowship Director; LTJG Sanayah Marriott, Fellow; LTJG Rachel Kuebler, Fellow; LTJG Margaret Thomas, Fellow; LTJG Brett Bohstedt, Fellow; LTJG Destiny Breikreutz, Fellow; and Ms. Helena Harvie, Associate Fellowship Director.



USS DWIGHT D. EISENHOWER (CVN 69). Pictured left (R-L): While deployed aboard the USS DWIGHT D. EISENHOWER from December 2020 to July 2021, LCDR Grant Greenberg, CSW, is seen shaking hands with the commanding officer, CAPT Paul Campagna. LCDR Greenberg led a Behavioral Health Technician pilot program in support of Carrier Strike Group THREE.





# SOCAL

MEDICAL SERVICE CORPS  
OFFICER ASSOCIATION

## Symposium

&

## 77th Birthday Luau

**Who:** All Interested Officers, Enlisted, & Civilians;  
Spouses are Welcome to Attend the Luau

**When:** Thursday, 1 Aug, 0800-1600 &  
Friday, 2 Aug, 1700-2100

**Where:** MCAS Miramar's Officers Club;  
Virtual Option Available

For tickets:



[SOCALMSC.COM](https://SOCALMSC.COM)

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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Clinical Care Specialties, and Healthcare Scientists. There are over 3,000 active and reserve MSC Officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.



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